



22763 U.S.PTO

05/01/04 USPTO



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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

Attorney Docket No.: S-100,544

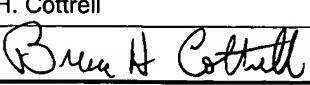
First Inventor or Application Identifier: T. Mark McCleskey

Title: QUANTITATIVE METHOD OF DETERMINING BERYLLIUM OR A COMPOUND THEREOF IN A SAMPLE

Express Mail Label No.: ER 311845766US

APPLICATION ELEMENTS		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g. PTO/SB/17) (submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages: 20] <input checked="" type="checkbox"/> Descriptive title of the Invention <input type="checkbox"/> Cross References to Related Applications <input checked="" type="checkbox"/> Statement Regarding Fed sponsored R&D <input type="checkbox"/> Reference to sequence listing, a table or a computer program listing appendix <input checked="" type="checkbox"/> Background of the Invention <input checked="" type="checkbox"/> Brief Description of the Drawings (if filed) <input checked="" type="checkbox"/> Detailed Description <input checked="" type="checkbox"/> Claim(s) <input checked="" type="checkbox"/> Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawings(s) (35 U.S.C.113)[Total Sheets: 2] <input type="checkbox"/> Formal <input checked="" type="checkbox"/> Informal</p> <p>5. <input type="checkbox"/> Declaration & Power of Attorney [Total Pages:] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R.63(d) (for continuation/divisional with Box 16 completed) c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33 (b).</p> <p>16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application S.N. _____ / _____.</p> <p>Prior application information: Examiner: Group/Art Unit:</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>		<p>6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p align="center">ACCOMPANYING APPLICATION PARTS</p> <p>8. <input type="checkbox"/> Assignment Papers (cover sheet & documentation)</p> <p>9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)</p> <p>13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>14. <input type="checkbox"/> Nonpublication Request and Certification Under 35 U.S.C. 122(b)(2)(b)(i)</p> <p>15. <input type="checkbox"/> Other:</p>
16. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		OR <input type="checkbox"/> Correspondence Address Below
35068		
(Insert Customer No. or Attach Bar Code Label here)		
Name: Bruce H. Cottrell Address: Los Alamos National Laboratory LC/IP, MS A187 City: Los Alamos State: New Mexico Zip Code 87545 Country: United States Telephone: (505) 667-9168 Fax: (505) 665-4424		
Name (Print/Type): Bruce H. Cottrell		Registration No. (Attorney/Agent): 30,620
Signature:		Date: March 31, 2004

FEE TRANSMITTAL For FY 2004 <small>Patent fees are subject to annual revision</small>		Complete if Known																																
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: Filing Date: First Named Inventor: Examiner Name: Group/Art Unit:	T. Mark McCleskey																															
TOTAL AMOUNT OF PAYMENT: \$471		Attorney Docket No.: S-100,544																																
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																
1. <input checked="" type="checkbox"/> The commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 12-2150 Deposit Account Name: Los Alamos National Laboratory <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 C.F.R. 1.16 and 1.17		3. ADDITIONAL FEES <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 30%;">Large Entity</th> <th style="text-align: left; width: 30%;">Small Entity</th> <th style="text-align: left; width: 40%;"></th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>\$770</td> <td>2001</td> <td>\$385</td> <td>Utility filing fee</td> <td>385.00</td> </tr> <tr> <td>1004</td> <td>\$770</td> <td>2004</td> <td>\$385</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>\$160</td> <td>2005</td> <td>\$80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">\$385.00</td> <td></td> </tr> </tbody> </table>		Large Entity	Small Entity		Fee Code	Fee Code	Fee Description	Fee Paid	1001	\$770	2001	\$385	Utility filing fee	385.00	1004	\$770	2004	\$385	Reissue filing fee		1005	\$160	2005	\$80	Provisional filing fee		SUBTOTAL (1)				\$385.00	
Large Entity	Small Entity																																	
Fee Code	Fee Code	Fee Description	Fee Paid																															
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1005	\$160	2005	\$80	Provisional filing fee																														
SUBTOTAL (1)				\$385.00																														
FEES CALCULATION		Fee Description																																
1. BASIC FILING FEE		1051 \$130 2051 \$65 Surcharge – late filing fee or oath 1052 \$50 2052 \$25 Surcharge – late provisional filing fee or cover sheet 1812 \$2,520 1812 \$2,520 For filing a request for reexamination 1251 \$110 2251 \$55 Extension for reply within first month 1252 \$420 2252 \$210 Extension for reply within second month 1253 \$950 2253 \$475 Extension for reply within third month 1254 \$1,480 2254 \$740 Extension for reply within fourth month 1255 \$2,010 2255 \$1,005 Extension for reply within fifth month 1401 \$330 2401 \$165 Notice of Appeal 1402 \$330 2402 \$165 Filing a brief in support of an appeal 1403 \$290 2403 \$145 Request for oral hearing 1452 \$110 2452 \$55 Petition to revive – unavoidable 1814 \$110 2814 \$55 Terminal Disclaimer 1453 \$1,330 2453 \$665 Petition to revive – unintentional 1460 \$130 1460 \$130 Petitions to the Commissioner 1806 \$180 1806 \$180 Submission of Information Disclosure Statement 1809 \$770 2809 \$385 Filing a submission after final rejection (37 CFR 1.129 (a)) 1810 \$770 2810 \$385 For each additional invention to be examined (37 CFR 1.129(b)) 1811 \$100 1811 \$100 Certificate of Correction 1504 \$300 1504 \$300 Publication fee for early, voluntary, or normal publication 1801 \$770 2801 \$385 Request for Continued Examination (RCE) Other fee (specify) _____																																
2. EXTRA CLAIM FEES		Reduced by Basic Filing Fee Paid																																
Total Claims 19 – 20** = 0 X 0 = 0 Independent 5 – 3 ** = 2 X 43 = 86 Claims Multiple Dependent =		SUBTOTAL (3) \$0																																
<small>** or number previously paid, if greater; For Reissues, see below</small>		SUBTOTAL FROM 1 \$385 SUBTOTAL FROM 2 \$86 SUBTOTAL FROM 3 \$0																																
SUBTOTAL (2) \$86		TOTAL AMOUNT OF PAYMENT \$471																																

SUBMITTED BY			Complete (if applicable)	
Printed Name:	Bruce H. Cottrell		Reg. No.	30,620
Signature:			Date: 03/30/04	Telephone: (505) 667-9168